





### Summer 2020 Work Based Learning Experience RFP

# RFP's will be accepted until 5:00p.m. EST on Friday March 6, 2020

Youth@Work is a public-private partnership of the City of New Haven and Workforce Alliance. Youth@Work provides temporary summer and year round employment opportunities, workplace exposure and work readiness skills to youth ages 14-21 who face socio-economic barriers to workplace success.

Workplace experiences and services to youth are provided through an extensive network including the New Haven public school system, businesses, workforce development boards, community based organizations, civic and faith groups and Universities. While we facilitate the placement of youth into jobs, **this is not an employment program**, <u>but a training experience for youth to learn basic work skills by exposure to various workplace settings</u>.

Nonprofit organizations and public sector agencies submitting applications to be worksites should design a well-planned program that includes adequate and competent supervision of youth and activities that are in alignment with the goals of the Youth@Work program as outlined in the Required Program Elements.

#### **Work-Based Learning – Required Program Elements**

Work-based learning is the integration of the basic skills of reading, writing, speaking, mathematics and decision-making skills into work-related and assigned tasks. Worksite applicants should base work-based learning plans on the following, which are skills intended for student learning throughout the program:

- ⇒ Basic Academic Skills planned activities should include the use of reading, writing and math
- ⇒ **Thinking and Decision-making Skills** planned activities should require participants to think creatively, make decisions, solve problems
- ⇒ **Specific Occupation Skills** opportunities to learn technical skills necessary to perform a specific job
- ⇒ **Personal and Interpersonal Skills** opportunities to demonstrate responsibility, integrity, communication skills, teamwork and working with individuals from diverse cultures and backgrounds
- ⇒ Work Ethic/ Maturity opportunities to be a participant in a "real life" work setting and being held accountable for all assigned tasks and outcomes
- ⇒ Citizenship Skills opportunities to learn about responsibilities as citizens of their community and country

#### **RFP Submission Requirements**

- Organization must be New Haven based
- Organization should be Non-Profit entity
- For Profit Organizations will be required to do a match to salaries of youth placed
- Insurance must meet the requirements of the City of New Haven (sample provided)
- One RFP must be submitted in a sealed envelope and identified on the outside by your organizations name.
- RFP must be submitted to the office of the Youth@Work 165 Church Street, New Haven, CT 06510 by the time and date shown on cover.
- Youth@Work can accept on-line submissions. If you respond on-line, you must also provide your response in the manner described.

#### **RFP Withdrawal**

• RFP's may be withdrawn by written request.

#### **RFP Incompletion**

• RFP's will not be taken into consideration if received by the office incomplete. It is the responsibility of the applicant to review the requirements and submit all necessary documentation.

#### **Insurance**

- The Grantee(s) shall carry or require that there be carried Liability Insurance.
- The applicant must also carry coverage for sexual molestation. Your coverage amount can be the lowest your insurance carrier offers.
- Please review the sample attached. The insurance policy must meet the same requirements on the sample
- Insurance policy must cover the dates of the program

NOTE: Programs that are of the City of New Haven Department (e.g. Police, Park and Recreation, Health, NHBOE schools, etc.) are not required to submit copy of COI. If you are a program that is NHBOE approved, a letter must be provided from the NHBOE stating they are accepting liability for your program.

# Questions, Inquiries, and/or requests for clarifications regarding this RFP should be directed to:

Youth@Work

Gwendolyn B. Williams, Business/Program Manager 165 Church Street

> New Haven, CT 06510 Tel: (203) 946-7582

Fax: (203) 946-5750

Email: gbusch@newhavenct.gov

### Youth@Work Summer 2020 Work-Based Learning Experience Worksite Application

## **Part I: Organizational Profile**

Name	of Organization:		
Addre	ss:		
Phone	FAX		
NOTI (Primar	E: y contact will be the person who receives communications from the office of Youth@Work)		
Prima	ry Contact:		
Email	Address:		
Please	answer all of the following questions:		
1.	Where will your summer program be located? Address:		
2. Has your group ever received or currently receiving City of New Haven funding			
	Yes No If yes, answer the three (3) questions below:		
Amou	nt? Source? Fiscal Year?		
3.	What is your organization's total operating budget for the most current fiscal year?		
4.	How many staff persons does your organization employ?		
5.	. How many people did you serve in 2019?		
6.	6. Are you willing to contribute towards the salaries of placed youth?		
7.	Did you participate and/or contribute to any of the following Youth Services Department initiatives? (check all that apply)		
	CB3B (Hoop It Up) Winter Wonderland		
	Trunk or Treat The Escape Charity Breakfast		
	Youth Stat Other		

## Part II: 2020 Summer Proposal:

Name of proposed p	rogram or service:		
Number of youth to	be served by proposed progr	am:	
Total Number of Youtl	ı Interns Requesting	(Maximum 4)	
Please attach narra	ative addressing the four (4	) points listed below.	
Sumr by Yo	outh@Work to expand the se	and describe how you will use staffing supported ervices available to youth populations in the City plan to measure the success of your program.	
Appli	II. Detailed Program Budget  Applicants must provide a description of costs associated with each line item on the budget.		
III. Contingency Plan  Explain how you will adjust if awarded less than the full amount requested.			
		tion for proposed youth. Include in this way from this experience.	
	0 11	narrative AND proof of liability insurance binders, brochures or photographs/artwork.	
I certify that the infectorrect as of the date understanding that a	ormation provided in this apple set forth beside my signation or intentional or negligent n	print your name where indicated: plication and the attached documents is true and ture on this application. I also acknowledge my nisrepresentation of the information contained in esult in the denial of application.	
Person Completing Application		Executive Director	
Printed Name		Printed Name	
Date		Date	